U.S. Patient and Transferrary Office. U.S. Patient and Transferrary Office. U.S. CEPARTMENT OF COMMERCE. Under the Paperwork Reduction Act of 1995, no persons are required to res 10/642,944 08/18/2003 REVOCATION OF POWER OF Filing Date ATTORNEY WITH First Named Inventor Stevens NEW POWER OF ATTORNEY Art Unit AND Examiner Name CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number | LUME P008US

I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR								
I hereby appoint the practitioners associated with the Customer Number.						-	77690	
Please change the correspondence address for the above-identified application to:								
The add		77690						
OR								
Firm or Individual Na	The Law Office of Rot	The Law Office of Robert A. McLauchlan						
Address	Post Office Box 26780	Post Office Box 26760						
City	Austin		State	Texas		Zip	78755	
Country	USA							
Telephone	512-339-4100	512-339-4100 Emai			mclauchian@ipcou	inseling.	.com	
Tam the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature Wester Xeary								
Name Carlile R. Stevens								
	18/2008			lephone				
NOTE: Signatures of all the signature is required, see t	e inventors or assignees of record	of the entire interest or	their repre	esentative	(s) are required. Submit	multiple '	forms if more than one	
Transf.								

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